

ONTARIO'S PUBLIC HEALTH AGENCY



Ontario

Agency for Health  
Protection and Promotion



## STRATEGIC PLANNING FRAMEWORK AND START UP OPERATIONAL PLAN

DECEMBER 2008



### **Introductory Notes on the Start-Up Plan and Strategic Planning Framework**

Consistent with the stage of development of the Ontario Agency for Health Protection and Promotion (OAHP), this document reflects the beginning of what will become over time an iterative and consultative approach to the setting of OAHP priorities.

As the OAHP matures and builds capacity we will be moving toward a much more formalized process for development and annual review of our rolling three year strategic plan. Such a process will be undertaken by the Strategic Planning Committee of the Board, with opportunities for government, local and sector-specific input.

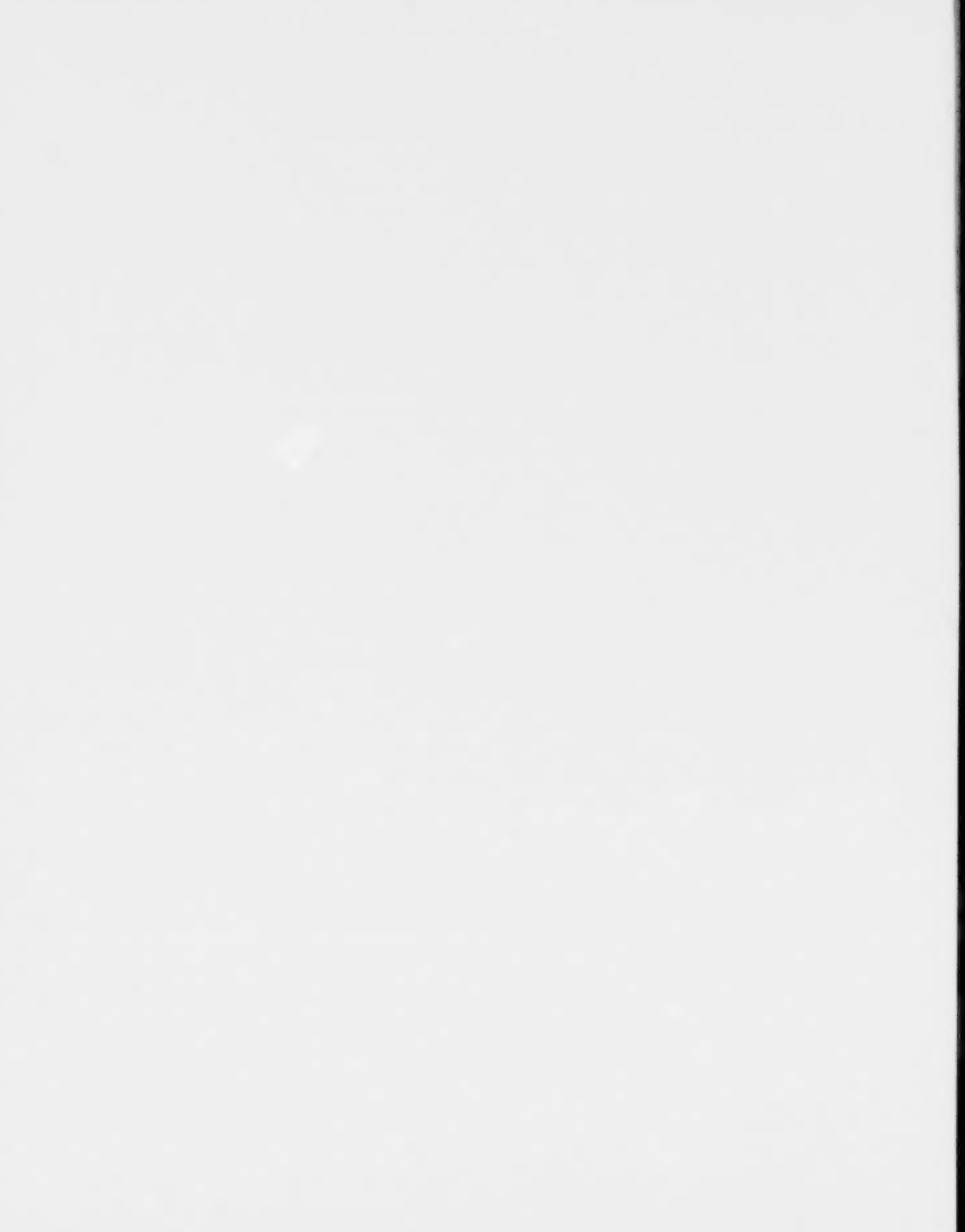
This first plan framework has been built based upon a review of prior consultations and reports regarding public health renewal in Ontario. We have benefitted greatly from the prior work of the Capacity Review Committee, the Agency Implementation Task Force and the reviews undertaken of the Ontario Public Health Laboratory system.

We recognize that the reports identified above were themselves outgrowths of the exhaustive and comprehensive processes undertaken post-SARS to better understand the changes that were required to strengthen the public health system at the local, provincial and national levels. For that we acknowledge the groundbreaking work of Drs. Naylor and Walker, and the insightful contributions of the late Justice Archibald Campbell, and finally the seminal contribution and support of the late Dr. Sheela Basrur.

We have also benefitted from many individual and group discussions over the last year as we began to build the OAHP from the ground up and developed the priorities for this first plan.

We invite your comments and suggestions and look forward to providing regular updates and progress reports, both directly through presentations and group and individual meetings, and through our e-mail newsletter START UP.

In a field as dynamic as public health, we recognize that no strategy is ever etched in stone and that, to be responsive, any good public health organization has to be able to be adaptive and flexible to address emerging concerns, needs and opportunities. For the start-up period our focus is on getting to a state of operational readiness, building partnerships and engaging in a consultative multi-year planning process, while at the same time advancing public health priorities.



Dear Colleagues,

We are pleased today to present for your consideration a first sketch of the path forward for the new Ontario Agency for Health Protection and Promotion (OAHPP).

Much wisdom and forethought has been put into defining the strategic planning processes that the OAHPP will be implementing over the coming months. Of particular assistance, the Agency Implementation Task Force has spelled out a detailed process by which partner ministries, and the public health field, through surveys and regional sessions, would feed into the priority-setting mechanisms of the OAHPP.

There is much value in what was recommended; however, we recognize that the system has waited a long time for core supports and resources that the OAHPP is expected to bring to the table. For that reason, we have not waited until all our processes and structures could be perfectly executed before starting to engage, and to launch some of the work we know needs to be undertaken.

The facts of life in public health are well known. Too often reality intervenes and we are called upon not to plan but to act immediately, and in our first few months of start-up, we have certainly experienced this.

In the last few months we have engaged in producing clinical guidelines for physicians dealing with listeria fears in a worried public, assembled outbreak response teams to support facilities dealing with *Clostridium difficile* outbreaks, provided field support to public health units dealing with *E. coli*, and supported work proposed by our colleagues in the Association of Local Public Health Agencies (alPHA) to help to measure childhood obesity. It has been a challenging and exciting time.

Faced with the challenges of starting an organization from the ground up, it is often easy to simply become immersed in day-to-day demands. The OAHPP needs to be able to balance emerging needs while retaining an effective focus on the long term goals for where we want to be as a province, as a system and as an agency.

For that reason, we would urge people to look not only at the specific projects that we are proposing to undertake initially, but to also examine how we can collectively work together to create a stronger system with access to better information, training, tools and supports.

The task of building a stronger system is not, nor should it be, about doing more of the same. It should not be about waiting for the OAHPP to be able to do it for us or waiting for somebody to pay. It is an exercise that collectively the entire system must engage in.

Together, we have an opportunity to help establish a world class public health system in Ontario. We ask you to work with us to develop newer, more effective ways to build on our provincial strengths in areas such as research, training, science and innovation, professional development, and surveillance, and help us weave a more effective and dynamic system.

For this to work partnerships are needed that cut across traditional boundaries. This is precisely why our sights are set on building a "hub" organization – specifically designed to be able to bridge and link between multiple organizations and sectors.

It will require changing some of our assumptions about the way public health has traditionally worked. But we firmly believe we have a tremendous opportunity in the coming years to change the system for the better towards our ultimate goal of improving the health of Ontarians.

David Wallace United Good

CHAIR AND PRESIDENT

## **Section A: Vision, Mission, Mandate and Core Values**

The Agency Implementation Task Force (AITF), worked for an extended period of time on designing the structure of the OAHPP. They took into account the work of earlier committees and also consulted broadly. In the AITF final report, a Vision, Mission and Mandate was proposed for the OAHPP. ***After careful review the OAHPP Board has adopted these for the OAHPP. In addition, the AITF developed a set of core values which form the basis for the proposed values of the Agency.***

### **A.1. Vision**

We will be an internationally recognized centre of expertise dedicated to the protection and promotion of the health of all Ontarians, through the application and advancement of science and knowledge.

### **A.2. Mission**

We are accountable to support healthcare providers, the public health system and partner Ministries in making informed decisions and taking informed action to improve the health and security of all Ontarians, through the transparent and timely provision of credible scientific advice and practical tools.

### **A.3. Mandate**

To provide scientific and technical advice for those working to protect and promote the health of Ontarians

### **A.4. Core Values**

The Agency for Health Protection and Promotion will strive to live by a set of values in the way in which work is undertaken and in the manner in which the organization conducts its day to day activities.

#### **Credible**

We will strive to produce well-researched and high quality products based upon the best available research and information.

#### **Responsive**

The Agency exists to help address the real needs of those within the system who provide care, and who work daily to protect and promote the health of the

public. To that end we will strive to be responsive to emergent needs and priorities of our partners and clients.

### **Relevant**

The Agency will provide information, advice and support that is not only scientifically accurate but also useful, timely, relevant and in formats and manner that help people respond to and address real issues.

### **Innovative**

The Agency will work with others to create solutions and partnerships which go beyond the traditional boundaries of institutions and sectors and seek new approaches to bridging between research and practice, between science and context.

### **Collaborative**

The Agency cannot succeed separate and apart from the public health, healthcare and research communities of which it is a part, our contribution will be advanced most effectively as a collaborator and trusted partner contributing to, advancing and acknowledging the work of others.

### **Balanced**

Our mandate is broad and we will strive to meet the needs of many stakeholders. Our ongoing strategic planning will require us to approach the growth of the agency with a balanced perspective:

- between field and provincially identified priorities,
- between the health protection and health promotion components of the mandate
- between the advancement and application of knowledge
- between using proven methods of intervention and providing leadership in new innovative methods.

## **Serving Our Clients Across the Province**

The Agency has three primary clients: our partner ministries; the public health community; and, healthcare providers.

Our goal, whether through the direct operation of our Laboratories, provision of training and support, or scientific and applied research, is to be a client-focussed organization. This means building opportunities into our work to include our clients and measuring and evaluating our success.



We are very aware of the need to build an organization truly provincial in scope with links where appropriate to national and international agencies. The transfer of the Ontario Public Health Laboratories (OPHL) which includes the Central and eleven regional laboratories provides an important opportunity for establishing an OAHPP presence across the province. Our engagement in a number of other initiatives outlined below will also provide an opportunity for ensuring that our programming is connected with stakeholders across the province – particularly the exploration of alignments of Regional Infection Control Networks (RICNS), Public Health Education and Research Development (PHRED) programs, and the Ontario Health Promotion Resource System (OHPRS).

## Section B: Multi-year Planning Framework – Principles, Objectives and Future State

### B.1. Planning Principles

As a hub organization we have an opportunity to bring together diverse perspectives to ensure that we take an integrated approach to planning and delivering public health services. The OAHPP core values will be integrated into both the strategic planning process and subsequent operational business plans.

#### **EXAMPLE OF AN INTEGRATIVE APPROACH TO A PUBLIC HEALTH PROBLEM: *CLOSTRIDIUM DIFFICILE***

*C. difficile* is an organism that is increasingly being seen in Ontario hospitals and is recognized to cause considerable morbidity and mortality. As such, the impact and burden of disease in the Ontario population would warrant additional evaluation as a potential area of focus for the Agency. Through applying the core values, the Agency's approach to this problem should ensure that we engage credible, recognized expertise to provide advice which is relevant to stakeholders. We must be able to respond to issues quickly; hospitals in outbreak cannot wait months for a response. We should expect that we will be able to develop innovative approaches to controlling the disease such as the use of hydrogen peroxide vapour or disinfectants to remove spores. We will do this in collaboration with public health, the MOHLTC, healthcare facilities, practitioners, and others. Finally we will ensure that whatever advice and tools we provide will balance off multiple often competing priorities such as disease control versus basic research.

*C. difficile* does not just colonize or infect humans; it is also found in the environment and the food chain including animals. Any approach to controlling *C. difficile* in the healthcare setting must recognize that patients may acquire the organism from other settings following the One Health model. Surveillance for this disease would thus integrate human surveillance, both healthcare and community associated, as well as animal and environmental surveillance. Were we to find a significant prevalence of toxigenic *C. difficile* in the food chain, control measures would likely be considerably different than those used currently.

Messaging around *C. difficile* must take into account that along with hospital control measures, judicious antibiotic use and the maintenance of healthy normal flora are also important.

*C. difficile* tends to cause worse disease in patients with chronic underlying diseases and the elderly; hence strategies should perhaps focus on these groups.

We will use the following principles to guide the planning process:

### **Reducing inequities in health through a population perspective**

Our first corporate object is to provide scientific and technical advice to protect and promote the health of Ontarians. To this end, we will identify solutions and interventions that take into consideration health inequities. Examples include:

- Supporting critical government initiatives such as Ontario's Poverty Reduction Strategy.
- Ensuring that we apply a population perspective to all of our planning and work to achieve this goal.
- Supporting a reduction in health inequities by enhancing access to the best public health information to all providers of public health and health care services.

These are just a few examples of strategies that will advance the goal of equitable access to opportunities for all Ontarians to protect and promote their health. We recognize the challenge presented by addressing health inequities and realize that multiple agencies and organizations across society must work together in achieving this goal – in identifying our priorities in this area we will focus on where we can add value through our areas of expertise.

By applying a population perspective to each program we can, over time, ensure that the specific needs of different populations, as well as the entire population of Ontario are taken into account. In particular, we will in the first instance ensure that, in our planning, we work with and consider the needs of communities and groups such as First Nations, immigrants, children, the elderly and vulnerable populations.

### **The One Health Model – Building model linkages between environmental, animal and human health**

In Ontario as in many jurisdictions, the legitimate operational and political realities of the separate Ministry domains governing the environment and environmental health, agriculture and food production, and human wellbeing and health, can sometimes mask the very practical scientific interconnectivity and interdependencies of these areas to both understanding and advancing positive change.

There is a growing level of understanding of the need for greater integrative thinking - research and solutions that bridge between traditional domains. This stems from work undertaken initially at the international level in 2004, bringing together international experts in the environment, climate change, animal health, food production and distribution, and laboratory medicine.

The philosophy of One World One Health is about enhancing the multi-disciplinary collaboration between the inter-related areas of environmental science, animal health and human health, in the broadest sense. In keeping with this philosophy we will seek to promote and advance scientific and technical collaborations that link environmental, animal and human health as a coherent whole. This perspective will serve us well as we work to weave together many of the threads implicit in our model for the OAHPP.

### **Whole Person Approach to Health Promotion**

The original principles of health promotion centred on individuals and communities achieving their maximum potential for health and well-being. They were meant to take the perspective of the entire individual. However, increasingly, we have witnessed the creation of programs and interventions targeted at specific risk factors, conditions, body parts or narrow population groups. On the one hand, such interventions can be quite effective in generating public attention, garnering resources and having an impact – recent successes in tobacco control are a good example. However, these interventions can also have the effect of overloading the population with multiple messages from different organizations, and at their worst, inconsistent messages. They can also lead to the fragmentation of efforts, and diffusion of scarce resources and ignore other factors that influence population health. In applying the principles as originally envisioned, the OAHPP can play a role in ensuring that more effective individual and community-centred approaches are taken in partnership with key stakeholders.

### **Bridging Bench Research to Populations**

The greatest advances in health research have increasingly been in the area of basic science, particularly molecular genetics. Clinical medicine and public health practice are being transformed with innovations such as "genetic fingerprinting." At the individual level such tools allow for customized patient management. At the population level they enable new approaches to investigation of public health issues such as outbreaks. In the area of chronic diseases, predictive screening holds tremendous promise. And in the area of environmental health, molecular epidemiology can enable better identification of the impact of toxins and other hazards.

The OAHPP has a unique opportunity, with the incorporation of the Ontario Public Health Laboratories, and its close proximity to one of the largest clusters of biomedical scientists in the world, to bridge the worlds of basic science and population health research.

## **Applying eHealth innovations to Advance Public Health**

Society is undergoing significant transformational change as new information and communication technologies fundamentally change the manner in which people learn, connect and interact.

New collaborative tools and approaches to social networking hold tremendous promise for application to public health practice, given its distributed nature and heavy reliance on knowledge and information exchange. Disease detection can be enhanced with the use of novel data sources, such as medical records, emergency room visits, pharmacy sales or internet hits – known as syndromic surveillance. For example, geographical information systems can facilitate the presentation, dissemination and application of complex surveillance data. Finally, communications tools such as Web 2.0, and desktop videoconferencing, can help to connect public health professionals and support them in their everyday practice, and in continuing professional development.

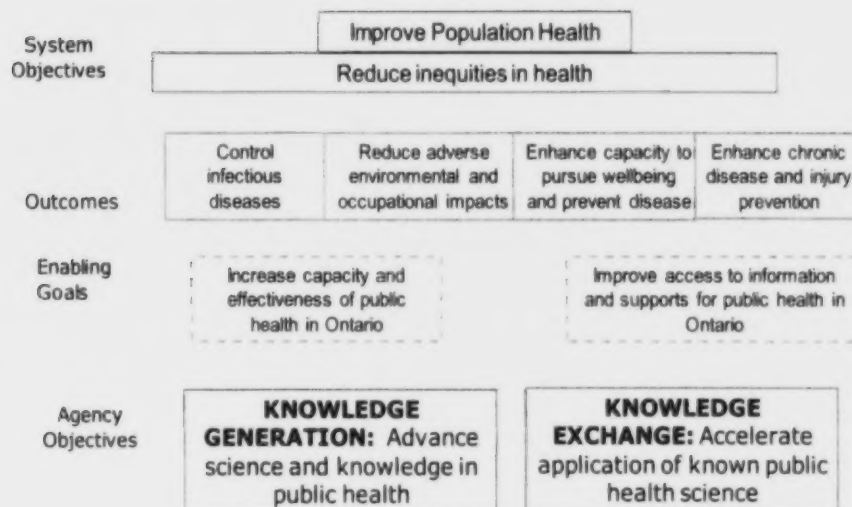
In all of our work we will aim to advance the application of such tools in Ontario public health practice through better understanding the opportunities of embracing new means of engaging the broad network of public health and health care practitioners who work everyday to improve the health of Ontario's population. In achieving this goal we will collaborate closely with similarly focused organizations such as another newly created agency: eHealth Ontario.

## Objects of OAHPP

- (a) To provide scientific and technical advice and support to the health care system and the Government of Ontario in order to protect and promote the health of Ontarians and reduce health inequities;
- (b) To develop, disseminate and advance public health knowledge, best practices, and research in the areas of population health assessment, infectious diseases, health promotion, chronic diseases, injury prevention, and environmental health;
- (c) To inform and contribute to policy development processes across sectors of the health care system and within the Government of Ontario through advice and impact analysis of public health issues;
- (d) To develop, collect, use, analyse and disclose data, including population health, surveillance and epidemiological data, across sectors, including human health, environmental, animal, agricultural, education, community and social services and housing sectors, in a manner that informs and enhances healthy public policy and public health planning, evaluation and action;
- (e) To undertake, promote and co-ordinate public health research in co-operation with academic and research experts as well as the community;
- (f) To provide education and professional development for public health professionals, scientists, researchers, and policymakers across sectors;
- (g) To establish, operate and maintain laboratory centres and to provide laboratory services;
- (h) To serve as a model for bridging the areas of infection control and occupational health and safety;
- (i) To undertake research related to evaluating the modes of transmission of febrile respiratory illnesses and the risk to health workers;
- (j) As directed by the Chief Medical Officer of Health, to provide scientific and technical advice and operational support to any person or entity in an emergency or outbreak situation that has health implications; and
- (k) Any additional objects the Lieutenant Governor in Council may prescribe.



## B.2. OAHPP Objectives – Knowledge Generation and Knowledge Exchange



In order for us to accomplish the objectives explicitly shown above, an implicit objective for the early years of the OAHPP is to build a new organization that can support these activities, and engage in and foster the partnerships that are necessary to achieve our ambitious goals.

Once our structures and processes for engagement are in place, our first major objective will be knowledge generation. By knowledge generation we mean the development of surveillance programs, including enhanced Laboratory based surveillance, as well as the advancement of research in health protection and promotion in Ontario. All of these will be delivered through direct work by the OAHPP and by supporting the development of a collaborative research agenda in public health that engages public health practitioners, health care workers, public health units, hospitals, research institutes and universities across the province.

Our second major objective is knowledge exchange. The use of the term exchange, rather than 'translation' or 'transfer' is deliberate. These, and similar terms, are often used interchangeably to imply similar activity – the application of knowledge in practice. However, we use the term exchange to explicitly signal that our objective is bilateral – we will partner with those who apply knowledge so that we can truly collaborate in our research programs as

well as in the development of knowledge application tools such as best practice guidelines and other resources for practitioners, and training, so they are relevant to, and easily implemented by, those who will use the results of our work.

In implementing these two objectives we will achieve our enabling goals of increasing the capacity and effectiveness of public health in Ontario and improving access to information and support.

In achieving these goals we will constantly pay attention to ensure that our work is relevant to the evolving needs of the field. This attention will range from enhancing the service and research capacity of our laboratories to being able to anticipate and assist with emergent challenges.

As this document is written, the new Ontario Public Health Standards are being rolled out – our plans will take account of how we can best support the ministries and health units in implementing these ambitious standards, monitoring the effectiveness and impact of their implementation, and ensuring that there are mechanisms to keep them up to date.

### **B.3. Setting Our Sights on the Future**

At this stage of development, our focus has been on delineating some key areas of activity for the coming year that will address some longstanding and well-documented system needs. Inevitably, we reference previous proposals, where some recommendations have been partially initiated. We will also build on efforts that would enhance and expand existing systems that are working well.

These steps are necessary and important to create an integrated system of scientific, technical and professional supports, many of which are strong, but do not function as a linked system.

It is neither in our interest nor in the interest of the broader health system for OAHPP to duplicate high quality, valuable work underway elsewhere in Ontario. To that end we are committed to working with others in the province and to growing those areas of excellence relevant to our mandate that can help serve the entire field.

Our statement of values is grounded by collaboration. Collaboration is fundamental to the objective of becoming the "hub organization" envisaged in the Walker report. That approach, by its very nature, requires us to link with expertise in multiple organizations and in numerous locations to help build creative partnerships that can benefit the province as a whole.



At the same time as we take the smaller, practical and incremental steps in system building, we recognize the need for the OAHPP to advance over time a more ambitious and forward looking agenda. Indeed, the small steps will strengthen the collaborations that will be necessary for success as we move forward with developing and implementing our long-term agenda.

#### **B.4. Where Will We Be in Five Years?**

It is important to establish stretch goals when starting up an organization – targets to strive toward. As stated previously, our vision is to be an internationally recognized centre of excellence that applies and advances knowledge to protect and promote the health of Ontario's population. In order to achieve international recognition in the advancement of knowledge we will have to ensure scientific excellence in all our products – both in our research, and in the tools and applications that we create for public health professionals and front-line health care providers.

In our research, this level of international recognition will be achieved by ensuring that our scientific staff are successful in obtaining competitive peer reviewed funding, and publish the results of their work in internationally significant peer-reviewed publications.

In developing our *knowledge generation*, or *research* programs we will need to focus. We will need to identify a small number of specialized areas of research where we will build highly advanced capacity and add value to the system. Such areas should build on our natural strengths and establish clear niches that complement the work of others in Ontario. For example, we might advance research on the links between infectious diseases and chronic diseases – where we build on our capacity in the labs - in conjunction with researchers at universities, hospitals and research institutes across Ontario.

The Minister of Research and Innovation has outlined a bold strategy for Ontario in *Seizing Global Opportunities: Ontario's Innovation Agenda*. In developing our research priorities we will seek out projects that have the potential to not only improve population health, but also advance economic development and prosperity. In collaboration with partners in universities, research institutes and the private sector we will focus on the development of advanced health technologies such as pharmaceuticals, vaccines and diagnostic tests, and information and communication technologies for application in public health practice. In ensuring that any new innovations are appropriately brought to market, we will partner with those who have the necessary expertise, such as MaRS Innovation.

We should look to projects that are bold and innovative, and that traditionally have not been conducted in Ontario or Canada. For example, we may engage in large scale population studies, either observational or

interventional. A particular area of interest may be social interventions at the community level regarding health behaviours.

For many types of public health activity, international recognition is best achieved through designation as a World Health Organization Collaborating Centre. At this stage in the development of the OAHPP, it likely seems premature to many who read this document to set a goal of achieving such status in a designated field within five years. The process for achieving Collaborating Centre status requires a consistent, documented and internationally high calibre of both practical and published work in a given field of expertise. Setting this goal is in part to signal to both the system and to ourselves that we can and will function at such a level. It continues the shared process of rebuilding the trust and credibility in the scientific and technical capacity at the provincial level that was very publicly and painfully shown to the world to be absent in an organized manner at the time of SARS. We will obviously not succeed in this endeavour without effective and ongoing collaboration with others in the coming years.

While we have an ambitious and focused objective with respect to the part of our vision related to advancing knowledge, we must also keep our eyes on our objective to apply knowledge. While our research programs will be focused, our *knowledge application* or *knowledge exchange* activities must be broad and evidence-informed on best practices. Our goal in this regard is to become the principal source of access to trusted information in public health in Ontario.

We will develop a 'one-stop' access point for information for public health professionals and front-line health care workers. We will also work to develop a rapid response capacity whereby sound scientific and technical advice can be provided to ministries and local health units in a timely manner on relevant questions.

Public health has not had a significant and visible presence in Ontario – nor have there been regular opportunities for a broad range of public health professionals, practitioners, academics and others to engage together to identify professional development needs and opportunities. Such strategies as working together with the Association of Local Public Health Agencies (aLPHa), the Ontario Public Health Association (OPHA) and its constituent societies, and other associated groups, to hold a collaboratively organized, extremely high calibre major public health conference in Ontario that incorporates both multi-disciplinary and discipline-specific and thematic sessions. Symposia, virtual training tools and access to leading thinkers in public health will also strengthen our public health capacity.

Our sights are ambitious. While we aspire to be internationally significant our mandate is to serve the people of Ontario. Rather than seeing this global-

local aspiration as contradictory, we see it as being complementary given Ontario's unique characteristics with a population more diverse than most places in the world. In meeting our local mandate, we can also aim to collaborate with other organizations to address global public health challenges

Between this ambitious vision for the future and where we are now are the multiple intermediate steps and the critical projects in a range of areas that will be executed. This is where the formal strategic planning process comes in and where the input and feedback of the field and the ministries to the Strategic Planning sub-committee of the Board will be critical.

*The first part of this document has laid out a framework for developing our long-term goals and objectives. There will be opportunity for comment and discussion on this framework as we develop our first multi-year strategic plan in the first half of 2009. In order to get to the future, we have to also finish building the operational structures, policies and processes required for any organization to effectively function and execute its mandate. The balance of this document sets out what we aim to achieve as we work on our start up the OAHPP.*

## **Section C: Plans for Start-up – Building the OAHPP**

It has been just over a year since the passage of the Ontario Agency for Health Protection and Promotion Act in June 2007. It has however been five years since the SARS crisis and we are keenly aware of the need for the OAHPP to actively take its place within the public health and healthcare environment.

The many consultations, observations, recommendations and reports generated in the post-SARS period have shaped our thinking about our initial priorities.

Put simply, the intent of the OAHPP at this stage in our mandate is to begin to facilitate meaningful change. We need to act on emerging issues, while laying the groundwork for the ongoing, iterative strategic planning process that the OAHPP will use in the months and years to come.

Before we can start to achieve some of the ambitious long-term goals laid out in the previous section, we first need to demonstrate to our potential partners that we are functional. Second, we need to bring people together – common concrete projects now will develop the working relationships necessary to achieve loftier goals in the future. Third, we know there are some who are uncertain about the role of the OAHPP, others who are suspicious, and many who are simply demoralized by the slow pace of action in renewing public health. For these parties we must demonstrate what we can achieve, and show that we are available and prepared to work with the community.

For the reasons noted above we have developed this Start-Up Plan. It represents our sense, based on the work that has gone before, of some of the critical projects that the OAHPP should be taking on.

It is by no means a comprehensive set of deliverables, the projects identified will evolve over time as new challenges and opportunities arise. While the project list may appear to be somewhat disconnected, as outlined above, it is based on what is already out there. And working on these projects will lay the foundation for our future work. We recognize the need to build flexibility into the plan as we are keenly aware of the need to be able to respond to the unexpected. If the OAHPP truly is to reflect its core value of being responsive then a degree of flexibility is clearly required.



This graphic illustrates the key operations of the OAHPP – in the centre are our core functional areas. In order to conduct the work of these areas we need a solid business foundation. Above our functional areas is our roof. In order to ensure that our organization is relevant and accountable to our stakeholder organizations and the people of Ontario, we have to build a solid governance and accountability framework for oversight of the OAHPP. Finally, as a hub organization, creating our external relationships, partnerships, and our knowledge exchange and communications capacity will be essential to our success.

By necessity, our focus in the initial period of our operations is on the foundation, and the roof for our organization. As outlined below, we will engage in specific projects in the functional areas, with an emphasis on building operations in infectious diseases and infection control, surveillance and epidemiology, emergency management support, and completing a successful transfer of the public health laboratories.

## INITIAL TASKS

Given the breadth of what we must accomplish we have had to set priorities. Our start-up is now well underway.

While we will be making advances in all areas – we recognize the need for staging as we do our hiring of senior staff, and the need for a greater degree of consultation in some areas. There may be some that, in seeing this ordering, believe that we have an increased focus on health protection, and less on health promotion. While we are clearly moving faster in the area of health protection, we are not less concerned about health promotion. Rather, there are more gaps in the areas of infectious disease prevention and control and surveillance and epidemiology, and the province's experience with outbreak after outbreak has demonstrated a need for us to move quickly. At the same time, it is also clear that the areas that we will be taking more time with also have many other players involved – in taking our time, we will be able to consult broadly to ensure that we are able to clearly and appropriately define the role of the OAHPP to ensure we add value. Our initial tasks include:

- 1) Complete the appointment of the Board and development of its committee structures
- 2) Ensure that the OAHPP has all of the necessary business functions in place and organizational culture supports to achieve its goals
- 3) Develop partnerships with stakeholders across the province
- 4) Develop our knowledge exchange and communications capacity
- 5) Strengthen and support capacity for disease and risk factor surveillance
- 6) Strengthen and support capacity for infectious disease control in community and hospital settings
- 7) Successfully complete the transfer of the Ontario Public Health Laboratories to the OAHPP
- 8) Build the OAHPP's role in emergency/exigent circumstances and develop capacity to provide support as requested by the Chief Medical Officer of Health
- 9) Assist and facilitate chronic disease control, injury prevention and health promotion activities
- 10) Identify needs for OAHPP role in environmental and occupational health



### **C.1. Complete the Appointment of Board and Development of its Committee Structures**

The OAHPP Board currently has six members, and by legislation it must have at least three committees: governance, audit and strategic planning. In our start-up year there was considerable Board work to be done including the development of policies in a broad range of areas. Now getting a full Board appointed and oriented, along with the structure and membership of its committees is an essential priority if we are to meet our governance and accountability requirements.

### **C.2. Ensure that the OAHPP has all of the Necessary Business Functions in Place and Organizational Culture Supports to Achieve its Goals**

1. Recruit senior management team and staff
2. Develop a comprehensive set of internal operating procedures
3. Implement key office functions
  - a. Human Resources
  - b. Finance and procurement
  - c. Facilities
  - d. Information Technology (including supporting surveillance)
  - e. Insurance and Risk/Project Management
  - f. Legal
4. Develop a comprehensive space plan
  - a. Plan and complete move to 480 University
  - b. Complete plans and negotiations for permanent central laboratory space
  - c. Review plans for regional labs

Much of this work is now complete. Our initial executive team is now in place and most of our key office functions are now operating. Our move to 480 University takes place in early 2009.

We will support the development of an organizational culture that reflects the Agency's core values, and engage all new and transferring staff in the development of the organization. We are committed to developing a positive, respectful and constructive relationship with the bargaining agents who represent Agency staff.

### C.3. Develop Partnerships with Stakeholders Across the Province

We recognize that in a healthcare and public health system as large and complex as we have in Ontario, the ability to work collaboratively across disciplines and with multiple other organizations will be critical to achieving our vision of a "hub" organization.

In our first year we will focus on fostering a broad range of partnerships as well as implementing a few key formal affiliation agreements. We will also foster partnership development on a less formal basis, through participation in events throughout the province, presentations at key conferences and in meetings with groups and individuals.

An early and obvious focus in launching the OAHPP was the development of a comprehensive Memorandum of Understanding with Ministry of Health and Long-Term Care (MOHLTC). With the completion and approval of the MOU we are focused on ensuring that key relationships and exchanges in areas such as outbreak support and information sharing are developed and working well with MOHLTC. We are also continuing to work on developing relationships with partner ministries throughout the government.

In developing partnerships with the public health field we will focus on relationships with public health practitioners and organizations by working with key groups such as the Association of Local Public Health Agencies (alPHA), the Ontario Public Health Association (OPHA) and the Council of Medical Officers of Health (COMOH). In working with the health care system we will engage with key partners such as the Ontario Hospital Association, health care provider organizations and Local Health Integration Networks (LHINS).

In our engagements we will actively explore how we can play a critical role in strengthening and aligning existing programs such as the Ontario Health Promotion Resource System (OHPRS), the Public Health Research and Education Development (PHRED) program, the Rapid Risk Factor Surveillance System (RRFSS), and the Provincial Infectious Diseases Advisory Committee (PIDAC).

We will develop a limited number of affiliation agreements, by necessity, in our first year:

1. *Institute for Clinical Evaluative Sciences*: for purposes of data sharing and research program development
2. *University of Toronto*: for purposes of ensuring appropriate academic appointments for existing and new medical/scientific staff [in developing



our long-term strategy it is expected that appointments will eventually be made in collaboration with diverse institutions across the province]

3. *University of Guelph*: this collaboration is core in enhancing public health zoonotics and to advance the sharing of key expertise between the fields of animal and human health.

#### **C.4. Develop our Knowledge Exchange and Communications Capacity**

The Vice-President, Knowledge Exchange and Communications has been recruited and will begin the process for developing our initial strategy in this area.

Some immediate priorities include:

- **Communications**

- Recruit key staff to communications team
- Develop a comprehensive stakeholder and media plan for communicating and promoting OAHPP activities, goals and priorities aligned with the OAHPP's first strategic plan
- Consult with OAHPP leaders to design a web site that is comprehensive, easy to navigate and meets the information needs of our broad range of stakeholders
- Provide regular and timely OAHPP updates to partners and stakeholders in the form of newsletters, fact sheets and/or news releases
- Establish an OAHPP presence, through participation and sponsorship at a variety of stakeholder events and conferences as a means to raise awareness of our goals and objectives, and foster potential partnerships and collaboration
- Undertake a review of the OAHPP's brand to ensure clear understanding of its identity and role in the public health and broader health care environs
- Develop effective internal communications strategies, vehicles and channels to support, inform and engage OAHPP employees including staff transferring to the OAHPP from the Ontario Public Health Laboratories



- Knowledge Exchange
  - Recruit key staff
  - Ensure external and internal 'one-stop' access to evidence and library services and help facilitate the retrieval of public health related evidence through the further development of the public health portal
  - Explore opportunities to strengthen access to relevant systematic reviews and promote messages in areas of provincial interest
  - Start to create a rapid response function using a network model
  - Further develop capacity to generate policy briefs and guideline development
  - Partner with external knowledge exchange research teams, where appropriate
  - Consider priority areas such as social marketing
- Professional Development and Educations
  - Develop Sheela Basrur Centre Outreach program with partners
  - Sponsor key speakers for conferences/events
  - Support development of Continuous Professional Development (CPD)
    - Leadership for public health
    - Assist in strengthening an evidence-using culture in public health settings
    - Videoconferencing of existing seminars
  - Explore opportunities for internships and practicums
  - Develop mid-career placement and exchange program

#### C.5. Strengthen and Support Capacity for Disease and Risk Factor Surveillance



The Director for this area has been recruited and is engaged in developing a long term strategy for the area. Some priority projects (consistent with the matrix nature of the organization several of these projects engage to other divisions) we are engaged in include:

- Develop an outbreak response team and other resources such as materials and training to support public health units
- Access Ontario surveillance data followed by exploration of enhanced analysis
- Explore support of innovative surveillance methods and novel geospatial analysis

- Explore how OAHPP can support Health Units in achieving the Foundational Standard of the new Ontario Public Health Standards
- Develop a Communicable Disease Burden of Illness Study (with ICES)
- Support the enhancement of the Rapid Risk Factor Surveillance System (RRFSS)
- Develop/enhance Public Health Laboratory surveillance capacity
- Support obesity surveillance
- Provide support to Infectious Disease Prevention and Control
- Work with partners to provide improved access to academic and field training

#### C.6. Strengthen and Support Capacity for Infectious Disease Prevention and Control in Community and Hospital Settings

The Director for this area has been recruited and is engaged in developing a long term strategy for the area. Some priority projects we are engaged in include:

- Develop and deploy Infection Control Response Teams for nosocomial outbreaks
- Support outbreak management (with S&E) in non-healthcare settings
- Support the development and deployment of training modules for front-line infection control practitioners
- Explore educational opportunities and methods for different types of healthcare workers
- Development of novel hospital acquired infection control strategies that effect culture change
- Support development of program in evidence-based hospital design (may evolve into broader environmental health, disease prevention program); explore the creation of a research centre in this area in collaboration with academic and private sector partners
- Collaborate on developing a Master's program in infection control
- Advise on specific studies such as
  - Community acquired *Clostridium Difficile* Associated Diarrhea (CDAD) and Methicillin Resistant *Staphylococcus aureus* (MRSA)
  - Antibiotic stewardship



### **C.7. Successfully Complete the Transfer of the Ontario Public Health Laboratories to the OAHPP**

The OPHL transfers from the Government to the OAHPP on December 15, 2008. With over 600 employees, the OPHL represents a major resource for the OAHPP with its large testing base and its system of labs in 12 locations around Ontario. The OAHPP is fortunate that a considerable renewal of the OPHL has already commenced, under the leadership of Dr. Donald Low. New medical microbiologists and scientists have been recruited, new equipment has been acquired and a new laboratory information system (LIS) is being implemented.

Over the coming months we will, in collaboration with OPHL managers, physicians and scientists, develop a plan for transforming OPHL from a data creator and holder to a knowledge producer by promoting more advanced analysis as well as research and surveillance use of existing and future data holdings. Investment will continue in new capacity to create knowledge. In taking on the operational responsibility for the OPHL the OAHPP plans to ultimately improve the synthesis of data to allow surveillance, epidemiology, research and analytical output. The OPHL will also provide tremendous opportunities for us to achieve our objectives in knowledge exchange. Lab programs and staff connect us on a daily basis with public health units, health care providers and members of the public throughout the province.

The following projects will be undertaken after transfer:

- Develop an overarching system design and strategy for testing, laboratory surveillance, research, client education and testing policy
- Detailed design of each of these elements including leveraging the relationships of the OPHL to enhance the OAHPP's outreach and client education capacity
- Implement early service delivery improvements including reduced test turnaround times
- Initial planning for the move of the Central Laboratory into downtown Toronto
- Develop and implement transition enablers including staff training plans
- Acquire new analytical tools
- Continue implementation of the LIS

### **C.8. Build the Agency's Role in Emergency/Exigent Circumstances and Develop Capacity to Provide Support as Requested by CMOH**

In this area we will recruit our first Director of Emergency Management Support who will then engage in the process of putting in place not only the required protocols, but the working relationships that will bring both clarity and speed to the manner in which we respond to exigent threats.

In collaboration with key stakeholders we will also start to develop our own internal infrastructure and procedures for emergency response. This will include strengthening the outbreak response capacity of the Public Health Laboratory system and ensuring that our own incident management system is in place and can seamlessly intersect with the broader MOHLTC and Provincial organizational systems.

Even as we recruit and build in this area, we have responded by providing support to the CMOH and the broader system over the last few months. We will continue to build our capacity in this area and provide support as we are able.

While building this necessary infrastructure, we will also continue to support the advancement of research and workshops on disaster modelling and emergency preparedness. This work illustrates the collaborative nature of our organization as it will involve staff in emergency management support, infectious disease prevention and control, surveillance and epidemiology, and knowledge exchange.

### **C.9. Assist and Facilitate Chronic Disease Control, Injury Prevention and Health Promotion Activities**



In this area we will recruit our first Director who will then engage in a process of clearly defining our role.

We will engage in a few limited projects related to surveillance and explore our potential participation in the Ontario Chronic Disease Cohort Study. We will also start to connect with key stakeholders in the areas of health promotion and chronic disease and injury prevention.

In addition we will assist in the implementation and evaluation of the Smoke-Free Ontario Strategy; Chronic Disease Management and Prevention Framework; Ontario's Action Plan for Healthy Eating,

Active Living; and, Ontario's Injury Prevention Strategy. Working in partnership with the Ministry of Health Promotion we will examine our potential role with the OHPRS and the RRFSS.

Finally, we are also commencing planning for a population health/public health report (internally with other divisions and externally with ICES/OHQC).

#### **C.10. Identify Needs for OAHPP Role in Environmental and Occupational Health**

During the next few months we will meet with potential stakeholders to begin exploring the scope of the OAHPP's role in environmental and occupational health. We will recruit our first Director who will then engage in a process of clearly defining our role.

In early discussions with the Ministry of the Environment, it is clear that there are opportunities for OAHPP to engage in areas such as Ontario's Toxics Reduction Strategy and Ontario's Water Plan.

With the Ministry of Labour we will examine opportunities for OAHPP to fulfil its legislated mandate to bridge the worlds of occupational health and infection control.

A consistently recurring theme in our discussions to date is the need for work on risk communication.



### **Section D: Conclusion and Next Steps**

This paper has set out our planning framework for the next year, and specific actions that we will be undertaking as we launch the OAHPP.

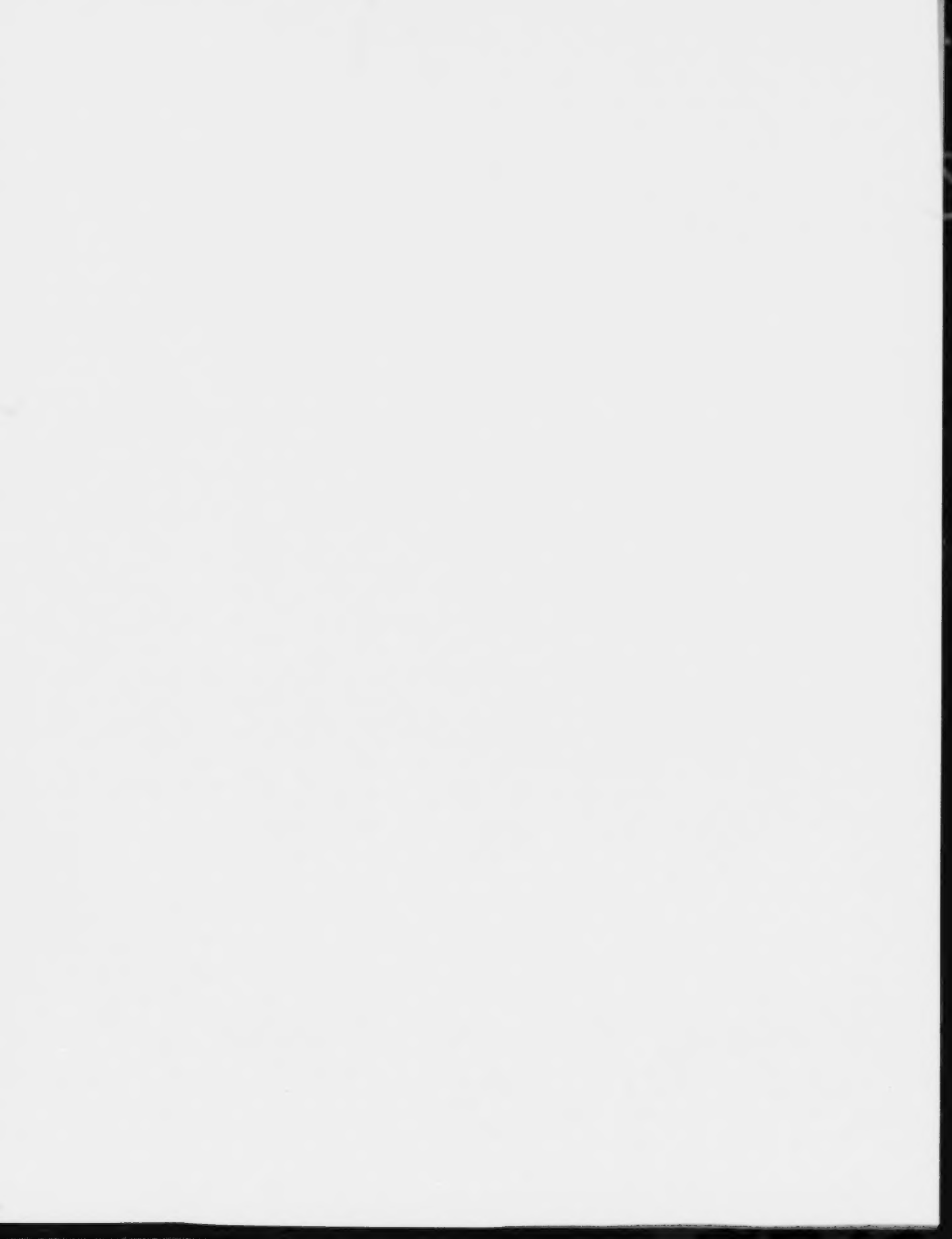
Early in the New Year the OAHPP Board will strike our first Strategic Planning Committee. It will include Board members, the Chief Medical Officer of Health for Ontario, and members-at-large. The committee will consider and revise this framework and then engage in a process of gathering input from the field. We will use traditional means such as focus groups, interviews and roundtables; as well as new technologies such as web surveys, videoconferences and wiki's, to engage stakeholders throughout the province.



In addition, the Chief Medical Officer of Health for Ontario will facilitate the gathering of formal input from the Government, through an Intra-Ministerial Committee in the Ministry of Health and Long-Term Care, and an Inter-Ministerial Committee that includes the Ministries of Health Promotion; Agriculture, Food and Rural Affairs; Environment; Labour; Research and Innovation; Children and Youth Services; Government Services; Small Business and Consumer Services, and Finance.

We encourage you to provide feedback and comments on our plan through any of the processes described above, or directly to [stratplan@oahpp.ca](mailto:stratplan@oahpp.ca).

In closing, we are building a collaborative organization and our success will rest upon our ability to ensure the success of the diverse players who deliver public health services in Ontario. We look forward to working with you, welcome your input into this initial plan, and encourage you to actively take part in our first multi-year planning process.









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